(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Y SCOTT JUL30 2019 TO A STATE OF THE PARTY OF THE

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 862644 7604215

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 26, 2019

ORDER TIME : 2:30 PM

ORDER NO. : 862644-030

CUSTOMER NO: 7604215

FOREIGN FILINGS

NAME: OWM MARY ESTHER FL LANDLORD,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: ____

COVER LETTER

	stration Section sion of Corporations						
SUBJECT:	OWM Mary Esther Fi	Landlord, LLC					
-		Name of Li	mited Liability Comp	any			
					sact Business in Florida," company to transact busin		
Please return	Please return all correspondence concerning this matter to the following:			2019			
	Allison McLeod				A S	يَ	77
			Name of Person		ASSE	2019 JUL 29 PM 4: 43	
	SunTrust Equity F				<u>!! </u>	70	
		,	Firm/Company		FLORIC	4 ተ፡ ተ	
	3333 Peachtree F	load, 10th Floor			<u> </u>	ယ	
			Address				
	Atlanta, Georgia	80326					
		City/	State and Zip Code				
	karen.king@suntr	ust.com					
		mail address: (to be us	ed for future annual re	port notifi	cation)		
For further inf	formation concerning th	is matter, please call:					
Kare	n King		at (<u>404</u>) 439-766	32		
	Name of I	'erson	Area Code	Daytim	e Telephone Number		
Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314	Divisi Regis Clifto 2661	CET ADDRESS: ion of Corporations tration Section in Building Executive Center Circ nassee, FL 32301	cle			
	a check for the foll 25.00 Filing Fee	owing amount: 1\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Cop		☐ \$160.00 Filing Fee, Co		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA OWM Mary Esther FL Landlord, LLC	A:		
(Name of Foreign Limited Liability Company; must include "Limited Liability	Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting busic consent of the managers or managing members adopting the alternate name. The alternate company," "L.L.C." "LLC.")			
2. Delaware 3.		4	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI	number, if applicable)	SECI	, 6103
4. N/A			7 <u>1</u> 1
(Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0905, F.S. to determine pen	tration.) alty liability)	NSSE YSSE	29
5. 3333 Peachtree Road, 10th Floor, MC 3951		<u></u>	<u> </u>
Atlanta, Georgia 30326		らix OR	<u></u> (
(Street Address of Principal Office)		DE A	ယ်
6. 3333 Peachtree Road, 10th Floor, MC 3951			
Atlanta, Georgia 30326			
(Mailing Address)			
7. The name, title or capacity and address of the person(s) who has/ha	ve authority to mana	ge is/ar	e:
Allison McLeod, Manager, 3333 Peachtree Road, 10th Floor, MC 3951, Atlan	ita, Georgia 30326		
			<u>.</u>
8. Attached is an original certificate of existence, no more than 90 days old, duly authent in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable translation of the certificate under oath of the translator must be submitted.)			
	-		
Signature of an authorized person	on		
(In accordance with section 605.0203, F.S., the execution of this document of penalties of perjury that the facts stated herein are true. I am aware that an document to the Department of State constitutes a third degree felong	y false information subm	nitted in a	
Allison McLeod			

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Co	mpany is:		
OWM Mary Esther FL Landlord, LLC If unavailable, the alternate to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent and office are:		20 TA		
		2019 JUL 29 SECKLIKAY TALLAHASSI	-	
		PM 4: 43		
Corporation Service Company		Dmi ω A		
		(Name)	_	
	1201 Hays Street			
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee	FL 32301		
		City/State/7in	-	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company By: KUCQLUL QUUU	Roxanne Turner Asst. Vice President
(Signature)	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OWN MARY ESTHER FL LANDLORD, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OWM MARY ESTHER FL LANDLORD, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7533749 8300 SR# 20196199318

Authentication: 203302832

Date: 07-29-19